



IRV

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number  
10/774,091

Filing Date  
February 6, 2004

First Named Inventor  
Cobb, James M.

Art Unit  
3644

Examiner Name  
Pending

Attorney Docket Number  
BING-1-1054

### ENCLOSURES (Check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              | Return Receipt Postcard   |
| <input checked="" type="checkbox"/> Information Disclosure Statement      | <input type="checkbox"/> Request for Refund                               | Cited Foreign Patent (1)  |
| Supplemental  | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                           |          |        |
|--------------|---------------------------|----------|--------|
| Firm Name    | Black Lowe & Graham, PLLC |          |        |
| Signature    |                           |          |        |
| Printed name | Dale C. Barr              |          |        |
| Date         | December 28, 2005         | Reg. No. | 40,498 |

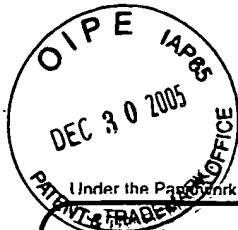
### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |             |      |                   |
|-----------------------|-------------|------|-------------------|
| Signature             |             |      |                   |
| Typed or printed name | Wendy Saxby | Date | December 28, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 0

**Complete if Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/774,091       |
| Filing Date          | February 6, 2004 |
| First Named Inventor | Cobb, James M.   |
| Examiner Name        | Pending          |
| Art Unit             | 3644             |
| Attorney Docket No.  | BING-1-1054      |

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 501050 Deposit Account Name: Black Lowe & Graham, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description   | Fee (\$)   | Small Entity Fee (\$) |
|---|--|-----------------------|
|   | Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200  | 100                   |
| Multiple dependent claims   | 360  | 180                   |

Total Claims - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets        | Extra Sheets       | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------------|--|----------|---------------|
| _____ - 100 = _____ | _____ / 50 = _____ | _____ (round up to a whole number) x _____       | _____    | _____         |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature

Registration No. 40,498  
(Attorney/Agent)

Telephone 206.381.3300

Name (Print/Type)

Dale C. Barr

Date December 28, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Cobb et al.

Attorney Docket No.: BING-1-1054

Serial No.: 10/774,091

Group Art Unit: 3644

Filing Date: February 6, 2004

Examiner: Pending

Title: METHODS AND APPARATUS FOR LARGE-SCALE AIRFRAME

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Sir:

Pursuant to 37 C.F.R. § 1.56 and in accordance with 37 C.F.R. §§1.97-1.98, information related to the above-identified application is hereby disclosed. Inclusion of information in this statement is not to be construed as an admission that this information is material as that term is defined in 37 C.F.R. § 1.56(b).

We hereby certify that each of the references set forth on the attached form PTO-1449 was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Supplemental Information Disclosure Statement.

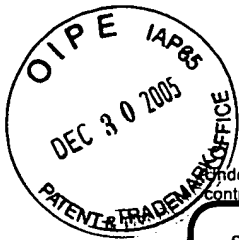
Respectfully submitted,

BLACK LOWE & GRAHAM<sup>PLLC</sup>

Dale C. Barr

Registration No. 40,498

Direct Dial: 206.381.3300



PTO/SB/08A (10-01)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

|   |   |                               |                  |
|---|---|-------------------------------|------------------|
| <b>Substitute for form 1449A/PTO</b>  |   | <b>Complete if Known</b>      |                  |
|   |   | <b>Application Number</b>     | 10/774,091       |
| <b>INFORMATION DISCLOSURE<br/>STATEMENT BY APPLICANT</b><br><br>(use as many sheets as necessary) |   | <b>Filing Date</b>            | February 6, 2004 |
|   |   | <b>First Named Inventor</b>   | Cobb, James M.   |
|   |   | <b>Art Unit</b>               | 3644             |
|   |   | <b>Examiner Name</b>          | Pending          |
|   |   | <b>Attorney Docket Number</b> | BING-1-1054      |
| <b>Sheet</b>  | 1 | <b>of</b>                     | 1                |

| U.S. PATENT DOCUMENTS             |                          |  |                                |  |   |
|-----------------------------------|--------------------------|--|--------------------------------|--|---|
| Examiner<br>Initials <sup>2</sup> | Cite<br>No. <sup>1</sup> | Document Number                            | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where<br>Relevant Passages or Relevant<br>Figures Appear |
|                                   |                          | Number - Kind Code <sup>2</sup> (if known) |                                |  |   |
|                                   |                          | US- 5,005,277                              | 04-09-1991                     | Uemura et al.                                      |   |
|                                   |                          | US- 5,168,453                              | 12-01-1992                     | Nomaru et al.                                      |   |
|                                   |                          | US- 6,088,663                              | 07-11-2000                     | Wang   |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |
|                                   |                          | US-  |                                |  |   |

| FOREIGN PATENT DOCUMENTS          |                          |   |                                |  |   |                |
|-----------------------------------|--------------------------|---|--------------------------------|--|---|----------------|
| Examiner<br>Initials <sup>2</sup> | Cite<br>No. <sup>1</sup> | Foreign Patent Document   | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines,<br>Where Relevant Passages<br>or Relevant Figures Appear | T <sup>6</sup> |
|                                   |                          | Country Code <sup>3</sup> - Number <sup>4</sup> - Kind Code <sup>5</sup> (if known) |                                |  |   |                |
|                                   |                          | WO.0045231  | 08-03-2000                     | Gardner et al.                                     |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |
|                                   |                          |   |                                |  |   |                |

|                               |  |                            |  |
|-------------------------------|--|----------------------------|--|
| <b>Examiner<br/>Signature</b> |  | <b>Date<br/>Considered</b> |  |
|-------------------------------|--|----------------------------|--|

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.